

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	E.H.		06-28-01
O.I.P.E. CLASSIFIER		10	7-10-01
FORMALITY REVIEW	K.P.	1121	8-15-01
RESPONSE FORMALITY REVIEW	C	1109	10-09-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	✓ 4/21/04
2	✓
3	✓
4	✓
5	✓
6	✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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6/7 9-10-01